

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO.		FILING DATE			
								APPLICANT(S)					
CLAIMS								*	*	*			
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3			1				53						
4				1			54						
5					1		55						
6	1						56						
7			1				57						
8				1			58						
9		1					59						
10			1				60						
11				1			61						
12					1		62						
13	1						63						
14			1				64						
15				1			65						
16	1						66						
17		1					67						
18	1						68						
19			1				69						
20				1			70						
21					1		71						
22			1				72						
23	1						73						
24		1					74						
25	1						75						
26			1				76						
27				1			77						
28	1						78						
29			1				79						
30				1			80						
31					1		81						
32			1				82						
33	1						83						
34	1		1				84						
35							85						
36			1				86						
37				1			87						
38	1			1			88						
39		1					89						
40			1				90						
41				1			91						
42					1		92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	11						TOTAL IND.						
TOTAL DEP.	30						TOTAL DEP.						
TOTAL CLAIMS	11						TOTAL CLAIMS						